

03-16-89

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AMENDMENT TRANSMITTAL LETTER						Docket No. 20750/0202318-US0	
Application 10/520,688-Co		Filing (June 27,		Examiner V. A. Patel		Art Unit 3676	
Applicant(s): Alan							
nvention: MECH	ANICAL SEAL	BEARING PRO	OTECTOR				
		THE COMMI					
Transmitted herevented The fee has been							
The ree rids been			S AS AMENI				
	Claims Remaining After	Highest Number Previously	Number Extra Claims				
Total Claims	Amendment 10	- 20 =	Present	Rate X			
Independent Claims	2	- 3 =		x			
Multiple Depend	lent Claims (ch	eck if applicabl	e)				
Request for continued examination (RCE) (see 37 Other fee (please specify): CFR 1.114); Extension for response within first month 940.00					940.00		
TOTAL ADDIT	ONAL FEE FO	OR THIS AME	NDMENT:			940.00	
x Large Entity				Small Entity			
	No additional fee is required for this amendment. X Please charge Deposit Account No.						
A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached.							
	x The Director is hereby authorized to charge and credit Deposit Account No						
x Credit a	ny overpayme	nt.					
x Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.							
Colin Wright	Reg. No : 62		Dated:	March 1	3, 2009		
Attorney/Agent Reg. No.: 62,900 DARBY & DARBY P.C. P.O. Box 770 Church Street Station New York, New York 10008-0770 (212) 527-7700							
Express Mail Label No.		Dated:			•••		



Application No. (if known): 10/520,688

Attorney Docket No.: 20750/0202318-US0

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service Express Mail, Airbill No. in an envelope addressed to: FM059510304US	e as
MS AF	
Commissioner for Patents	
P.O. Box 1450	
Alexandria, VA 22313-1450	

Signature

Signature

Verez

Typed or printed name of person signing Certificate

Registration Number, if applicable Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment After Final Action Under 37 C.F.R. 1.116
Request for Continued Examination Transmittal
One Month Request for Extension of Time Under 37 CFR 1.136(a)
Amendment Transmittal
Fee Transmittal
Charge \$940.00 to deposit account 04-0100

Return Receipt Postcard

March 13, 2009 Date MAR 1 3 2009

<u>u</u>)	-11 4-1			nt and Trader	oved for use through (06/30/2010. C PARTMENT O	F COMMERCE
Under the Paperwork Redu			respond to a collect		nplete if Know		control number
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/520,688-Co		
FEE TRA	MPIA	ΙΤΤΔΙ			June 27, 2005		
			First Named Inventor Alan Roddis				
For	FY 200	9	Examiner Name		V. A. Patel		
Applicant claims small	entity status.	See 37 CFR 1.27	Art Unit		3676		
TOTAL AMOUNT OF PAYME	NT T	(\$) 940.00	Attorney Docke	1 No.	20750/0202318-US0		
			Attorney bocke	1110.			
METHOD OF PAYMEN	T (check all t	hat apply)					
Check Credit C	ard N	Money Order No	ne Other	(please identi	ify):		
X Deposit Account Depo	sit Account Numb	ner: '04-0100	Deposi	t Account Nam	Darby	& Darby F	.c.
		account, the Director is	 ·		· · ·		
					dicated below, ex	cent for th	e filing fee
x Charge fee(s)			<u> </u>			copt for ti	ic iming icc
x Charge any a fee(s) under 3	dditional fee(7 CFR 1.16	s) or underpayments o and 1.17	x Credi	t any overp	payments		
FEE CALCULATION							
1. BASIC FILING, SEARCH	I, AND EXA	MINATION FEES				1.5	
	FILIN		ARCH FEES		NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	330	165 540		220	110		
Design	220	110 100	50	140	70		
Plant	220	110 330	165	170	85		
Reissue	330	165 540	270	650	325		
Provisional	220	110 0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (includ	_					52	26
Each independent claim ov	er 3 (includii	ng Reissues)				220 390	110 195
Multiple dependent claims		- (A) F	on Daid (6)		Multiple Depende		
Total Claims Ex	tra Claims		ee Paid (\$)	-		ee Paid (\$	
HP = highest number of total cla	x ims paid for, if q			_	<u>cc (4)</u> :	CC T GIG 10	1
_	tra Claims		ee Paid (\$)	-			
2 -3 or HP = x =							
HP = highest number of indepen	dent claims paid	for, if greater than 3.					
3. APPLICATION SIZE FEI			,				
If the specification and dr	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
1	xtra Sheets		additional 50 or fra		of Fee (\$)	Fee I	Paid (\$)
- 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1251 Extension for response within first month 130.00							
SUBMITTED BY	1/. 1./	-	Registration No.	62,900	Telephone	(212) 52	7-7700
Signature	MARTI		(Attorney/Agent)	02,900		•	
Name (Print/Type) Colin Wr	ght /				Date	March 13	5, 2009

Express Mail Label No.	Dated:		\